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PTO/SB/05 (11-00)
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Patent and Trademark Office: U.S DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

| Attorney Docket No. | | P-5074 | | | | | |
|------------------------|---------|-----------------------------------|----|--|--|--|--|
| First II | nventor | JAVIER ALARCON | 54 | | | | |
| Title ENTRAP | | PED BINDING PROTEIN AS BIOSENSORS | | | | | |
| Express Mail Label No. | | EL416966891US | | | | | |

| | Express | Mail Laber No. E141090009105 | | | | | | |
|---|---|---|--|--|--|--|--|--|
| See MPEI | APPLICATION ELEMENTS P chapter 600 concerning utility patent application contents. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C., 20231 | | | | | | |
|) · ((| Fee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission | | | | | | |
| - - - - - - | Specification (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above cop | | | | | | | |
| - | Brief Description of the Drawings (if filed) | ACCOMPANYING APPLICATION PARTS | | | | | | |
| | Detailed Description Claim(s) Abstract of the Disclosure | 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) Power of Attorney English Translation Document (it applicable) | | | | | | |
| | Drawing(s) (35 U.S.C. 113) [Total 4] Declaration [Total Pages] | 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations | | | | | | |
| a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1 33(b). Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | | | | | | | | |
| 6. 🗸 A | application Data Sheet. See 37 CFR 1.76 | 17. Other: | | | | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information Examiner Group / Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | | |
| | 19. CORRESPON | IDENCE ADDRESS | | | | | | |
| X Custo | omer Number or Bar Code Label 2625. (Insert Customer No. or Atta | | | | | | | |
| Nama | BECTON, DICKINSON AND COMPANY | | | | | | | |
| Name | ATTN: David Highet | | | | | | | |
| Address | 1 Becton Drive | | | | | | | |
| City | Franklin Lakes State | NJ Zip Code 07417 | | | | | | |
| Country | USA Telephone | 201-847-7112 | | | | | | |
| Name (Print/Type) Alan W. Fiedler Registration No. (Attorney/Agent) 33,690 | | | | | | | | |
| Signat | | 0.4 | | | | | | |

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1/4/2002

PTO/SB/17 (XX-XX)

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

| TOTAL AMOUNT OF PAYMENT | \$1,280.00 |
|-------------------------|------------|
| | Ψ1,200.00 |

| Complete if Known | | | | | | |
|----------------------|----------------|----|--|--|--|--|
| Application Number | , | | | | | |
| Filing Date | | | | | | |
| First Named Inventor | JAVIER ALARCON | | | | | |
| Examiner Name | | | | | | |
| Group Art Unit | | ,, | | | | |
| Attorney Docket No. | P-5074 | | | | | |

| ME | ETHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | |
|--|---|---|-----------------------------|----------------------|---------------------|--------------------------------|--|-----------------|-----------------------|----------|
| | he Commissioner is hereby au | | 3. A | 3. ADDITIONAL FEES | | | | | | |
| Deposit | ndicated fees and credit any ov | verpayments to | Large I | Entity Fee | Small Fee | Entity Fee | _ | | | |
| Account Number | 02-166 | 6 | Code | (\$) | Code | (\$) | | Descripti | | Fee Paid |
| Deposit | | | 105 | 130 | 205 | | Surcharge - late | - | | |
| Account Name | Becton, Dickinson a | and Company | 127 | 50 | 227 | 25 | Surcharge - late sheet | e provisiona | I filing fee or cover | |
| | harge Any Additional Fee Required | i | 139 | 130 | 139 | 130 | Non - English s | pecification | | |
| | nder 37 CFR §§ 1 16 and 1 17 | | | 2,520 | 147 | | | | arte reexamination | |
| | pplicant claims small entity status ee 37 CFR § 1 27 | | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | | | |
| 2 . 📗 P | ayment Enclosed: | | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | | | |
| ☐ c | heck Credit card | Money Order Other | 115 | 110 | 215 | 55 | Extension for re | eply within fi | rst month | |
| | FEE CALCULATION |) N | 116 | 400 | 216 | | Extension for reply within second month | | | |
| 1 BASI | C FILING FEE | J14 | 117 | 920 | 217 | 460 | Extension for re | eply within the | nird month | |
| | tity Small Entity | | 118 | 1,440 | 218 | 720 | Extension for re | ply within fo | ourth month | |
| Fee Fee Code (\$) | e Fee Fee Fee Description Code (\$) | on Fee Paid | 128 | 1,960 | 228 | 980 | Extension for re | ply within fi | fth month | |
| 101 740 | • • | 740.00 | 119 | 320 | 219 | 160 | Notice of Appea | ai | | |
| 106 330 | | | 120 | 320 | 220 | 160 | Filing a brief in | support of a | n appeal | |
| 107 510 | | | 121 | 280 | 221 | 140 | 10 Request for oral hearing | | | |
| 108 740 | 208 370 Reissue filing fee | e | 138 | 1,510 | 138 | 1,510 | Petition to instit | | | |
| 114 160 | 214 80 Provisional filing | fee | 140 | 110 | 240 | 55 | 55 Petition to revive - unavoidable | | | |
| SUBTOTAL (1) \$740.00 | | | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | | | |
| 2. EXTRA CLAIM FEES | | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | | | | |
| Z. EXIN | | Fee from | 143 | 460 | 243 | 230 | Design Issue fe | е | , | |
| Total Claims | Extra Claims 50 -20** = 30 X | below Fee Paid | 144 | 620 | 244 | 310 | Plant issue fee | | | |
| Independent | 3 - 3** = 0 X | 30 X 18.00 = 540.00 0 X 84.00 = 0.00 | 122 | 130 | 122 | 130 | Petitions to the | | | |
| Claims 9 3 4 0 7 34.00 - 0.00 Multiple Dependent = | | | 123 | 50 | 123 | 50 | Processing fee under 37 CFR § 1 17(q) | | | |
| | ity Small Entity | | 126 | 180 | 126 | 180 | Submission of li Statement | nformation I | Disclosure ¸ | |
| | Fee Fee Fee Des Code (\$) | cription | 581 | 40 | 581 | 40 | Recording each | patent assi | gnment per property | |
| 103 18 | 203 9 Claims in exce | ss of 20 | 146 | 740 | 246 | 370 | (times number of | sion after fin | • | |
| 102 84 | · | aims in excess of 3 | 149 | 740 | 249 | 370 | (37 CFR § 1.12 | | n to be examined | |
| 104 280 | · · | dent claim, if not paid | 140 | 740 | 273 | | (37 CFR § 1.12 | 29(b)) | | |
| 109 84 | 209 42 ** Reissue inde | ependent claims patent | 179 | 740 | 279 | | Request for Cor | | | |
| 110 18 | | ms in excess of 20 | 169 | 900 | 169 | 900 | Request for exp of a design appl | | nination | |
| | and over orig | inai patent | Othe | er fee (s | specify) | | | | | |
| SUBTOTAL (2) \$540.00 | | | | | | | | | | |
| **or number previously paid, if greater, For Reissues, see above | | | *Red | uced b | y Basıc | Filing I | Fee Paid | SUBTO | ΓAL (3) | |
| SUBMITTE | D BY | | | | | | | Complete (| f applicable) | |
| Name (Print/ | Type) Alan V | V. Fiedler | | Registra Attorney | ition No /Agent) | | 33,690 | Telephone | 201-847-7 | 112 |
| Signature | Offen | go Tu | | | | | | Date | 1/4/2 | 002 |

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